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ORIGINAL

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT
for the

DeARCY HALL, J.

BLOOM, M.J.

Crystal Bitten

Plaintiff/Petitioner

v.

USA et al

Defendant/Respondent

Civil Action No. **CV 18-2394**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated, I am being held at: _____

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are:

Not employed

My gross pay or wages are: \$ _____, and my take-home pay or wages are: \$ 230.00 per

(specify pay period) Social security of work benefits

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Social security from wages that I worked,

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4. Amount of money that I have in cash or in a checking or savings account: \$ 0 FBI stole illegally

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value): No be cause FBI stole illegally stripped me.

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

Yes I have expenses and never should the Government nor any other entity to anyone including religious organization never should have interfered in my life as they done to rob me strip me illegally. This is contested.

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support: _____

None

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

No. I am the one who the FBI stole must compensate for what they done to my family / unconstitutional.

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 10 April 2018

Crystal Biton FKA Marcelle Biton FKA
Applicant's signature Sophia Redford

x Crystal Biton FKA Marcelle Biton FKA Saphyre
Redford Printed name